

Basic Subsidy Coverage Limitations

The Division has placed certain limitations on those services for which it will pay or which it will provide. Some are authorized by statute while others are deemed through policy because of budget or appropriation constraints.

NOTE: Prior authorization is defined as: approval is included in the Agreement Attachment for the specific child for the service and the service price prior to delivery of the service and payment.

A. General

1. All plans and agreements must be reviewed and renewed annually and at least by June 30 of each state fiscal year. Agreements are automatically renewed if no changes are indicated by the review or the family requests no changes in the terms of the Agreement Attachment and no previously authorized services are outdated.
2. All families must sign an agreement, which is legally binding.
3. All services, including Medicaid, for which the Children's Division has agreed to pay, must be documented on the Attachment to the Agreement (CS-SA-2 ATT/CS-LG-2 ATT).
4. Payment will not exceed the authorized amount for the service included in the Attachment to the Agreement.
5. For the Division to make payment for those services authorized through a subsidy plan and agreement, the Division must have a contract with the provider or make payment to the adoptive or kinship parent(s) who then will pay the provider for the non-contracted service. "Paid" receipts or an invoice from the provider must be provided to the Division monthly, or as necessary, by the adoptive or kinship parent(s) for any service provided by a non-contracted provider. The adoptive or kinship parent must provide "paid" receipts to the Division after payment for the services and within two (2) weeks, if payment was made based on an invoice. The Division will pay services provided by a contracted provider directly to the provider. The use of contracted providers is encouraged, but not required. All receipts submitted for reimbursement must be submitted within 6 months of the service being provided.

TITLE: CHILD WELFARE MANUAL
SECTION 4: OUT-OF-HOME CARE
CHAPTER 30: SUBSIDIZING AN ADOPTION/LEGAL GUARDIANSHIP
ATTACHMENT A: SUBSIDY COVERAGE LIMITATIONS
EFFECTIVE DATE: August 28, 2004
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NOTE: Any time a CS-65 is used to reimburse a family or business for a service, a copy of either the most recently signed attachment (CS-SA-2 ATT/CS-LG-2 ATT) and the authorization screen from ZCVR must be attached to the CS-65, regardless of the CS-65 being entered locally or by Central Office.

6. Payment for nonrecurring adoption expenses is made after the adoption is final. However, these expenses must have been included in the CS-SA-2 Attachment before final adoption. These expenses are not eligible for payment if applied for after final adoption.

NOTE: All expenses to be paid under the legal guardianship agreement will only occur after legal guardianship has been granted by the probate court to a qualified relative as defined by Missouri Statute 453.072.

7. Use must be made of a contracted provider, if available, for any service through children's treatment service, residential treatment services and day care services, unless prior authorization is given to use a non-contracted provider. Subsidy will not reimburse the adoptive family payment for services provided by an immediate member of the household.

NOTE: All authorized payments for special education services for children in residential treatment outside the parent or kinship's domicile will be made directly to the school districts by Central Office and will not require contracting with the individual school districts. The child's home school district should be contacted first, as they are responsible to pay for this service.

8. The resources of the family, other state, national, and community agencies must be reviewed and plans made for the use of these resources before use of adoption subsidy funds can be authorized in the CS-SA-2 or the CS-LG-2.
9. The original copy of the CS-SA-2, Adoption Subsidy Agreement, or the CS-LG-2, Legal Guardianship Agreement, must be submitted to the Contract Management Unit (CMU), Central Office, at the time of the initial agreement. Each time an agreement is amended, via a new Attachment, only the new attachment needs to be submitted to CMU.
10. A child coming from another country or another state for adoptive placement with a Missouri family is not eligible for the Missouri Adoption Subsidy Program. However, the child may be eligible for payment of nonrecurring adoption expenses only, if the adoption will

be finalized in Missouri. If the child is IV-E eligible and in the custody of a private child placing agency, according to federal IV-E policy, Missouri is responsible for providing subsidy.

11. A child who is in the custody of a Class I Juvenile Court in Missouri and has never been in Division custody is not eligible for the Missouri Adoption Subsidy Program. However, the child may be eligible for nonrecurring adoption expenses only.

NOTE: If subsidy is needed to complete the adoption and no other family is available, arrangements may be made to transfer the child to the custody of the Children's Division at the time adoption becomes the plan and/or a family has given a firm indication (by filing an adoption petition) that they wish to adopt such a child. The child must meet all appropriate subsidy eligibility criteria specific to the status and condition of the child.

B. Maintenance

1. At the time of placement, no payment may exceed the standard maintenance rate paid if the child had remained in out-of-home care even when used in combination with other benefits available to the child.

NOTE: Above Base maintenance (BFC and medical) payments may be provided to the adoptive or kinship family with the approval of the Area Director. As of 07-31-02, no new Career maintenance approvals will be made. (See 30.6.2 – Additional Services and Issues).

2. At the time of placement, amount paid is determined by information obtained from the family as to what financial assistance they need to meet the needs of the child and the resources available to the child such as OASDI, VA or SSI, etc.

NOTE: Adoptive parents or guardians receiving the standard maintenance rate will not need to renegotiate the agreement at the time rates are increased or lowered. However, if the parent(s) is receiving less than the standard maintenance rate and the amount needs to be changed, the agreement will require re-evaluation. A new CS-SA-2 Attachment or CS-LG-2 Attachment must be submitted to CMU.

3. Maintenance includes those items as defined in Section 4, Chapter 11 (room and board, clothing and incidentals).

NOTE: The definition of maintenance should be explained to the adoptive or kinship family at the time of application for subsidy and, if needed, at the time of the annual review.

4. In the event, a child becomes eligible for OASDI due to the adoptive parent's disability after adoption the family may receive both.

Related Subject: Attachment, C, of this chapter, Other Agency Use of Adoption Subsidy.

C. Medical and Dental Care.

1. A child, eligible for adoption subsidy IV-E, adoption subsidy-HDN, or SSI, is automatically eligible for Medicaid within the policy and procedural requirements of this program.

NOTE: This eligibility is included in the agreement. Services covered under Medicaid do not require special entries in the Agreement Attachment (CS-SA-2) or the CS-LG-2 in the case of guardianship.

In the Medicaid program, a child who has an adoption/legal guardianship subsidy, monthly maintenance payment may be eligible for a Medicaid vendor payment (which includes daily living expenses and an allowance for personal incidentals). Vendor payments are made to a facility providing 24-hour care, such as a regional diagnostic center, nursing home, convalescent center, etc. If so, the maintenance payment from adoption/legal guardianship subsidy will be counted against the Medicaid vendor payment on a dollar for dollar basis. It is to the family's advantage to allow Medicaid to use the entire vendor payment and drop maintenance from the agreement. Families may have expenses relating to support of a child's placement in a Medicaid contracted facility. These may be negotiated and included in the CS-SA-2 or the CS-LG-2 as a special expense to support the family relationship.

2. Payment will not be made from Division funds to supplement payment made from Medicaid, except in certain extreme circumstances, determined on a case by case basis.

3. Important Medicaid procedural requirements include:

A Third Party Resource Form (TPL-1) must be submitted to DMS by the worker as soon as the child is eligible for coverage under the adoptive parents' private insurance. The information needed for this form is located on the family's insurance card.

NOTE: The child's inclusion in the family's private insurance will usually occur at the time the final decree of adoption is granted if they decide to add the child to their insurance. Some policies may exclude eligibility for the child with a pre-existing condition. In this instance, the child's needs will be covered by Medicaid within the limitations of this program. **Families are not required to add their adopted children to their private insurance, although it is encouraged.**

If a family has added the adopted child to their private health insurance, they must use their private health insurance, if the child is covered in their policy, before using the Medicaid. However, the family must indicate to the provider that the child is also eligible for Medicaid. Showing the card and informing the provider of Medicaid eligibility should prevent the provider from charging for services above the Medicaid rates.

Providers will bill the adoptive parent(s)'s insurance company for payment before they bill Medicaid for payment. If full payment is not made by the private insurer, Medicaid may be billed. Medicaid will then pay any balance of service charges within their allowable rates for the specific service. If a balance of charges remains, the provider may not bill the adoptive parent(s) for the service, except in certain allowable circumstances.

NOTE: If questions arise regarding "extreme circumstances," these should be brought to the attention of the Area Office for clearance with Medicaid statute and policy. Area Offices should request assistance from Central Office for clarification of "allowable circumstances."

NOTE: Payment for an insurance deductible (prescribed in private health insurance plans) is the responsibility of the adoptive/kinship parent, as it is not a requirement for adoption.

4. In light of the above, the Children's Division has certain requirements, which must be met before payment is made for care not covered by Medicaid. These include:

- a) Adoptive or kinship parent(s) may select not to use Medicaid or a Medicaid provider. If so, the Children's Division will not agree to pay for any medical/dental services in whole or in part.
- b) Medically necessary orthodontic services when a Medicaid provider is not geographically accessible (over 100 miles round trip), or not paid entirely by private insurance may be included in an agreement through the prior authorization method, including documentation, and the approval of the Area Office.

Subsidy may be approved to pay for the procedure up to the amount Medicaid would pay for the same service. The following steps and information are required in the approval of orthodontia:

- 1) A letter from the physician recommending the procedure with documentation regarding the medical necessity of the work,
- 2) Documentation regarding the lack of accessible Medicaid orthodontic providers within the area where the family resides,
- 3) Orthodontic records that consist of a cephalometric x-ray, panoramic x-ray or full-mouth survey; and dental study models, properly occluded and trimmed, must be sent to the Out-of-Home Care Unit Adoption Specialist in Central Office, who will forward the information to the Division of Medical Services. The Division of Medical Services will have the information reviewed by an orthodontic consultant, who will determine if the procedure is medically necessary and would be reimbursable through Medicaid, if a Medicaid provider were available.

If the request for orthodontics is denied, the orthodontist may bill for an office visit, x-rays, and diagnostic casts. These costs may be approved for reimbursement on the subsidy attachment.

NOTE: Medicaid rates will be used as a guideline in determining the amount of payment approved on the attachment.

“Orthodontics is only approved for the most handicapping malocclusions. A handicapping malocclusion is a condition that constitutes a hazard to the maintenance of oral health and interferes with the well-being of the patient by causing impaired mastication, dysfunction of the temporomandibular articulation, susceptibility to periodontal disease, susceptibility to dental caries and impaired speech due to malposition of the teeth.”

“Assessment of the most handicapping malocclusion is determined by the magnitude of the following variables: degree of malalignment, missing teeth, angle classification, overjet, overbite, openbite and crossbite.” (<http://www.medicaid.state.mo.us> orthodontic requirements)

Requests for services for cosmetic purposes do not receive authorization.

Medicaid orthodontic requirements may be found in the provider manual section at <http://www.medicaid.state.mo.us>.

- 4) Documentation of all other sources explored: the family’s insurance, and community resources.
- c) In certain instances, it will not be possible for a provider to have a contract with DMS. In addition, a Medicaid contracted provider may not be geographically accessible to the adoptive or kinship parent(s). Payment may be approved to be made to the adoptive or kinship parent(s) for payment to the provider within the terms of the signed Adoption or Legal Guardianship Subsidy Agreement after payment by any private insurance has been made. It will be the responsibility of the adoptive or kinship parent(s) to provide payment to the provider.

NOTE: Medicaid rates will be used as a guideline in determining the amount of payment.

- d) Emergency care, not covered under Medicaid, may be negotiated for payment without prior authorization. As in other instances, the evaluation and recommendation of DMS must be secured for charges over \$500.00. It will be necessary to prepare a new Agreement Attachment to cover these services.

- e) Costs which are less than \$500.00 must have prior approval from the Area Office. Costs which exceed \$500.00 must be referred by the Area Office with the treatment plan and proposed cost to the Division of Medical Services (DMS) through the Children's Services Section for evaluation and recommendation. Upon receipt of the DMS recommendation, approval may be given by the Area Office and the specific details entered in an Agreement Attachment (CS-SA-2) or a Guardianship Agreement Attachment (CS-LG-2).

D. Day Care and use of Contracted Children's Treatment Services (CTS).

- 1. A subsidy plan may include daycare services as a part of the basic subsidy package for children up to age thirteen (13) when the parent(s) work outside of the home. It is not required that providers have a contract with the Division. Payment will be made through SEAS in cases where a contract exists. Payment for non-contracted services will be made directly to the adoptive/kinship parent with the documentation of a "paid" receipt. It is the responsibility of the adoptive/kinship parent to then, pay the provider. All receipts submitted for reimbursement must be submitted within 6 months of the service being provided.

Daycare may be authorized for up to two years in a subsidy attachment (CS-SA-2 ATT/CS-LG-2 ATT).

NOTE: It is strongly recommended that workers encourage daycare providers to become "registered" through the Income Maintenance Program. This will allow direct payment to the provider and streamline the payment process. In these situations, criminal background and Child Abuse/Neglect checks are completed and a DVN is assigned.

- a. Exceptions may be made to daycare authorizations under special circumstances based on the extraordinary needs of a child. These requests will be considered on a case-by-case basis. Requests for exceptions must be accompanied with verification of the special need, which includes a statement from a physician or mental health professional, which explains why additional childcare is required. This statement must include the hours of care needed per day/week and anticipated duration of care.

Out of state daycare may be approved at the contracted rate for the state in which the family resides. The family is to contact their state in order to inform their worker of the

contracted rate for that state. The subsidy worker may assist the family in determining who they need to call to obtain this information. State contacts can be found on the Internet at www.NACAC.org by clicking the "Adoption Subsidy" button and then the "State Profiles" button.

- b. Daycare assistance for extended hours may be reimbursed as provided for in Income Maintenance policy regarding hours of care (1225.030.00). Situations that might warrant this assistance could be that of a nurse who works 24 hour shifts. The parent must provide documentation that provides explanation for the need of extended hour care.
 - c. Subsidy will not reimburse the cost of co-payments to day care facilities.
 - d. Adoption and Subsidized Guardianship subsidies will cover/reimburse the cost of daycare services equal to the locally contracted amounts. Parents utilizing non-contracted providers will be reimbursed for daycare services equal to the locally contracted amounts.
 - e. Both parents must work in order to receive daycare assistance.
 - 1) Full-time daycare may only be authorized if both parents work full time. Part-time daycare may be authorized for those parents who work part-time. In cases of Career Foster parents, the same policy will apply as in the foster care program.
 - 2) Parents attending college may be approved for daycare assistance during the hours they are in class.
 - f. Subsidy will not reimburse a family for daycare services provided by a member of the immediate household.
2. Contracted daycare facilities receive financial incentives for providing care to special needs children. These incentives are automatically generated to the provider when a child is authorized through the SEAS system, or when a CS-65 is entered using daycare service codes. These incentives and their service codes are as follows:
- a. **SPND - Special Needs.** This incentive is paid whenever a child has been in the custody of the Division. All children who are

adopted qualify for this incentive payment if they attend a contracted daycare facility (including registered providers through the IM program). The payment system automatically generates a payment which is 25% over the total cost for the month the child was in daycare. For instance, if the child's total daycare bill is \$300.00, the provider will automatically receive a payment of \$75.00 in addition to the \$300.00 they charged.

- b. **ACRD - Accreditation.** This incentive is automatically paid to providers who have an accredited childcare facility. This payment is automatically generated at 20% over the total monthly cost for the child. For instance, if the child's total daycare bill is \$300.00, the provider will automatically receive a payment of \$60.00 in addition to the \$300.00 they charged.
- c. **DISP - Disproportionate Share.** This incentive is automatically paid to providers who provide care to more children for whom the Division makes payments than private pay children. This payment is automatically generated at 30% over the total monthly cost for the child. For instance, if the child's total bill was \$300.00, the provider would automatically receive a payment of \$90.00 in addition to the \$300.00 they charged.

NOTE: Subsidy workers are to take these incentive payments into consideration when completing a subsidy agreement with a family. These incentive payments must be included in the estimated cost of daycare services authorized on the attachment. In the comment section of the attachment, specify the amount of the daycare payment as represented by the incentive payment. It is possible for one daycare to receive all three incentive payments.

NOTE: In order to determine whether a family's daycare receives the ACRD or DISP payments, the worker may access the ZPAY screen with the vendor number to see what service codes the vendor has been reimbursed for in the past.

- 3. Contracted services are authorized using the CS-67 and CS-67A, completed in the county of the child's residence by the authorizing worker. Approval from the authorizing designee must be received.

NOTE: These services are funded through the Adoption Subsidy program, and are not paid with day care or residential treatment funds.

- a. The CS-67 and CS-67A will be completed and entered into SEAS after a provider is located and a referral completed. After entry of the CS-67 and CS-67A, both the provider and the adoptive or kinship family will receive system generated notifications detailing the daycare or residential treatment services authorized.
- b. Invoices (CS-65A) will be generated by the system directly to the provider(s) for all authorized services.
- c. Upon receipt of the invoice (CS-65A) it will be the responsibility of the county payment designee to check the invoice for completeness, reasonableness, and accuracy.

Related Subject: Chapter 11, of this section, Financial Support Planning
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- d. The system will not allow payment for rates that exceed those specified in the provider's contract.
- e. Daycare expenses reimbursed on a CS-65 for non-contracted daycare must use the service codes ASDC (Adoption Subsidy Daycare) and LGDC (Legal Guardianship Daycare) and will not be affected by the incentive payments (SPND, DISP, ACRD).
 - 1) When reimbursing families for daycare expenses paid to a non-contracted provider, the childcare provider's taxpayer identification number and the dates and hours the service was provided must be on the receipt attached to the CS-65 being submitted for payment.
 - 2) When submitting the CS-65 for these services, a copy of the ZCVR screen or most recent attachment must be attached to the CS-65 before the data may be entered – either locally or by Central Office.

E. Nonrecurring Adoption or Legal Guardianship Expenses

- 1. These different types of nonrecurring expenses should be listed individually. The expenses should be reasonable and customary. All receipts submitted for reimbursement must be submitted within 6 months of the service being provided.
 - A. Nonrecurring placement related expenses (NROT) may be reimbursed up to \$1,000.00 and are limited to:

- 1) Pre-placement Transportation: This expense is paid at the current customary rate established by the Children's Division for use of a personal automobile, or the charge of air or ground transportation;
- 2) Lodging and food: Reimbursed using Division travel guidelines for both in-state and out-of-state travel;

B. Legal (NRLG) fees include attorney, court, publication and GAL costs. This expense is paid at the rate charged by the provider;

NOTE: Attorney fees may be reimbursed up to \$100.00 per hour up to \$1,500.00 in non contested cases and up to \$3,000.00 in contested matters. Legal fees for guardianship subsidies may be reimbursed up to \$1,500.00 if the guardianship is contested or the attorney can show why it took longer.

NOTE: According to 453.020 RSMo, The GAL may be awarded a reasonable fee for such services to be sent by the court. The court, in it's discretion, may award such fees as a judgment to be paid by any party to the proceedings or from public funds. Such an award of GAL fees shall constitute a final judgment in favor of the GAL.

C. Private agency fee reimbursement up to \$3,500.00. Such costs may include the adoption study, including health and psychological examination, and supervision of the placement prior to adoption finalization.

NOTE: In the case of an employee adoption, where the six-month supervision period must be supervised by a private child placing agency that has a contract with the Division, the agency fee must be put on the Adoption Subsidy Attachment. It is expected that this fee will be higher than the \$3,500.00 private agency fee limit as stated above.

Payment for nonrecurring adoption expenses does not include those paid for or provided through resources available to the adoptive or kinship parent(s), court or the agency facilitating the placement. Examples of these resources include:

- A private agency waives the cost of the adoptive family assessment (home study) or the placement support services;

- The family claimed the Missouri adoption tax credit for nonrecurring adoption expenses;
- The family has private insurance providing payment for certain services included in an adoption; and
- A service provider has waived the cost for the service.

Additional Services

A. Above Base Maintenance

1. In the case of Medical or Behavioral Foster Care (BFC) payments, the child must meet the criteria set forth in Section 4, Chapters 14 and 15 of this manual. The worker shall arrange a team meeting and obtain the required documentation according to policy for children in care. Staff are encouraged to utilize the behavioral consultants to assist in determining eligibility.

NOTE: Children in foster care, who receive BFC or Medical maintenance, are required to have regular six-month reviews. If a regular review is overdue, or if a review is due within 60 days, the review must be completed within one month upon the determination that adoption or guardianship is the goal for the child. The purpose of this staffing is to verify a continued need for above base maintenance. The child must then be staffed every six months until adoption or guardianship is finalized. The subsidy worker must submit the approved staffing results with the request for above base maintenance, in order for the child to receive above base maintenance.

- a. The CS-10 (Medical) and CS-9 (BFC) are to serve as referral forms for above base maintenance. Children who are referred for BFC maintenance will follow the local procedures that apply when foster children are referred to this program. These forms are to be completed by the adoptive family, with help from staff if needed, and signed by a supervisor. Area Office will need to approve all above standard maintenance payments, and forward them to Central Office for entry, prior to any payment being authorized.
- b. When children need a BFC maintenance rate to meet their special needs, the adoptive/guardianship parents are required to attend behavioral foster parenting

classes. Training must be completed prior to payment of the above standard rate. No back payments to the date of placement will be approved.

NOTE: For families who live out of state, 18 hours of equivalent training may be substituted. The family will need to provide the worker with the curriculum from the training they plan to receive. The worker will review this information with their supervisor to determine the appropriateness of the training. Adoption subsidy will reimburse the out-of-state adoptive parents for training up to \$90.00 per hour if there is a charge. This charge must be approved on the adoption subsidy agreement prior to reimbursement.

NOTE: Children receiving above base maintenance rates are not eligible for the incentive payment for charting that is provided through the behavioral foster care program.

- c. Families of children receiving the medical maintenance rate must undergo individualized medical training by the child's health care provider, which is individualized to the child's specific health care needs. The health care provider who provides the training must provide documentation of this training.

NOTE: Children may not be classified as requiring above base maintenance without meeting the criteria for these programs. If at the initial subsidy planning stage, a child is ineligible, staff will need to reduce the current foster care rate throughout the remainder of time that the child is in the foster home.

NOTE: As of July 31, 2002, career rates will not be approved in an adoption subsidy agreement. Families who are currently receiving Career maintenance are not required to undergo yearly reviews, and may be automatically approved from year to year, unless the parent agrees to reduce the maintenance amount. Staff are encouraged to discuss the continued need for career level payment at the time of negotiation of a new attachment.

2. Above Base Maintenance may be approved for up to two years at a time or up to the child's 18th birthday if it is determined that the child's condition will not improve and or that the adoptive family will not be in agreement to lowering the maintenance amount.

However, the maintenance rate may not be reduced without the consent of the adoptive parent.

B. Intensive In-Home Services (IIS)

Intensive In-Home Services (IIS) may be offered to the family who is in need of intervention that may reduce the risk of the child entering out-of home care. Referrals are to be made according to the guidelines set forth in Section 3 Chapter 7 of this manual.

C. Residential Care Services (All Levels).

1. The subsidy plan and agreement must be renegotiated if the adoptive or kinship parents request such service. Each individual plan must be approved by Area Office.
2. Any time the subsidy worker receives a request to place a child in residential treatment, the worker shall make a referral to IIS as an attempt to divert placement out of the home. This is to be treated as any other IIS case, and to be paid for out of county funds. If the IIS intervention is unsuccessful, or the parents refuse to use IIS, the worker is to begin working with the family towards other alternatives such as the use of community resources or residential treatment.
3. Community resources are to be researched by the parent, with assistance from the worker, and efforts documented, prior to making a residential treatment referral. The worker shall notify the parents of services that are available within the community, which might prevent the child from being removed from their community and being placed in residential treatment. The worker shall ensure the parents tried to access these services before seeking residential care.
4. The parents must complete the CS-9 with the assistance of the worker. Documentation of the child's condition from appropriate professionals (psychological, psychiatric, etc.) is required and must be obtained by the parents.

The CS-9 must be sent through the appropriate channels to the Area Office Residential Care Screening Team (RCST) Coordinator. The RCST Coordinator will determine the child's need for residential treatment; the level of care needed, and assist the parents in obtaining a residential treatment facility for the child if needed. The

parents are responsible for making arrangements for actual placement into the residential facility.

5. Once a child has been approved for residential treatment, the family shall be referred to the out-of-home care program. A voluntary FCS case is to be opened, and services will be offered to work towards reintegration. Counties may use their discretion in selecting a case manager dependent upon program specialization. However, the subsidy worker shall be a member of the FST.

NOTE: If the family is unwilling to be a part of this process and has no desire for the child to be returned to their home, residential treatment may not be authorized through subsidy and the subsidy worker is to discuss other permanency options with the family. If the child enters the custody of the Children's Division, the Division will pursue child support from the adoptive parents.

The worker shall implement a FST meeting with the family, child, adoption specialist, community representative, and the facility either prior to, or upon placement of the child in residential treatment. The team must complete a plan for reintegration. If the facility holds an initial treatment staffing, the staffing may count as the FST meeting if the worker and family are involved in the team meeting. Subsequent FST meetings are to be held on the same time schedule as children in the custody of the Children's Division. This applies to all children entering residential care as well as all children currently in residential care.

If, after placement, parents refuse to be involved in the treatment of the child and in the FST meetings, agency staff must work with other FST members to develop another permanency plan for the child. The need for this plan must be discussed with the family. If the parents have withdrawn from the child and this is, for all intents and purposes, a disruption, the FST should recommend to the court that the child be placed in the custody of the Children's Division. This would then put the child under ASFA (Adoption and Safe Families Act) requirements.

NOTE: If the subsidy case and the case management responsibilities are fulfilled by two staff members, the Children's Service Worker CSW assigned the subsidy case is to be designated as the case manager, and the CSW assigned the case management responsibilities will be the designated service worker on the SS-63 and the SS-61. Court reports and hearings will not be a part of this case unless there actually is court involvement. Legal status should remain the same.

5. In cases where children are in residential care with the plan of independent living rather than reintegration with the adoptive family, Independent Living class and homework incentives may be approved for up to one year at a time through subsidy. The graduation incentive may not be approved through subsidy.
6. Subsidy may be authorized for the cost of residential treatment at the level determined by the RCST Coordinator.

Payment for these services must be made under the terms of the contracts the Division has with Missouri providers. Payment for treatment and maintenance will be made directly to the provider.

7. Residential placements may be authorized for only six months at a time. Upon the sixth month, the need for placement and level of care must be reviewed in a FST meeting. The review team should consist of the family, child, worker, supervisor, facility and any other persons involved in the treatment of the child. These reviews are to be submitted to Area Office with the request to continue funding for residential treatment.
8. Requests for out of state residential treatment are to be reviewed by Area Office in consultation with Central Office, if necessary. The RCST Coordinator must have already determined a level of care. Residential treatment will be reimbursed at the rates of contracted providers located within Missouri.

Children who reside out of state and require residential treatment will have the costs of care reviewed and approved in Area Office in consultation with Central Office if necessary. Their home state's contracted rate of care may be taken into consideration when determining subsidy approval. Arrangements for payment may be made through the review and approval of the Contract Management Unit (CMU) in Central Office.

When using out of state residential or Missouri, non-contracted facilities, the worker is to contact Contract Management in order to request that a child specific contract be sent to the vendor. The worker and Area Office designee are to work together with the vendor in order to negotiate the monthly rate. Contract Management is available for technical assistance while completing this process.

9. According to your Area practices completed CS-67 and CS-67A for residential treatment with a contracted provider are to be entered into the SEAS system. Out of state providers must have a child specific

contract with the Division in order to receive payment. The provider must submit a child specific contract to the CMU for negotiation.

10. Update SS-61 for new placement by entering the ZCC3 screen by leaving the adoptive parents DVN and placement type but entering the sub placement code of "S" in field 47a, and changing the maintenance code to "3" no maintenance. Upon hitting the "enter" button, a new screen appears where the worker is to enter the placement information regarding the residential facility.

NOTE: Custody must not be transferred from the adoptive parent(s) or legal guardian(s) to the Division or the treatment provider when securing these services for the child.

It is not necessary for custody to be transferred to the Division to receive emergency residential treatment services.

11. In certain circumstances, use may be made of residential treatment services, which are not currently covered by a contract with the Division. A contract must be developed between the facility and the division by the facility, proposing a child specific contract regarding the proposed care for the child. **Payment may not be made directly to the adoptive parents or guardians.**
12. In completing the CS-SA-2 Attachment or the CS-LG-2 Attachment to authorize residential treatment services, it will be necessary to detail the amount of the maintenance payment in the space provided in the Attachment. The treatment component will then be listed as another item in the Attachment. The invoice submitted usually does not itemize maintenance and treatment. In both situations it will be necessary to explain to the adoptive or kinship parent(s) that for billing purposes the Attachment must be itemized, but the payment will be made in one (1) check and that the total amount will be paid to the provider.
13. A CS-65A will be generated automatically to contracted providers. The CS-65A will then be submitted by the provider to the RCST Coordinator, requesting payment.
14. In the case of children attending different school districts, the school district where the parents reside should be charged for any special education services needed.
15. The subsidy worker shall meet with the adoptive family to discuss the child's needs while in residential treatment and explore the possibility

of reducing the maintenance payment while the child is in treatment (i.e. toiletries, clothing, and travel for visitation and therapy.) Update the CS-SA-2 ATT/CS-LG-2 ATT regarding the new maintenance.

NOTE: According to federal policy (ACYF-CB-PA-01-01) the agency cannot lower an adoptive family's amount of maintenance without the family's concurrence. If the family does agree to lower their maintenance, this is to be documented in the comment section on the attachment. The worker should always discuss with the family, their contribution toward helping cover the cost of the child's care.

16. Day treatment services may be considered on a child specific, time-limited basis. Adequate documentation must support the need for day treatment. The adoptive family must first inquire as to the ability of their private insurance to pay for all or part of this treatment prior to the agency approving this service through subsidy. In addition, a self-referral to the Department of Mental Health (DMH) may be appropriate to determine if they can assist in funding any or all of the day treatment services. Based upon their assessment, DMH may be able to provide services to the family, which are not available through the Division. Services may only be approved for up to six months at a time, and the use of the FST must occur.

D. Career Foster Care Placement

1. A child may be placed in a Career Foster Home if this treatment is determined necessary for the child. The career foster home program is for the purpose of treating a child's behavioral issues so they can be successfully placed in a permanent home. If a child enters a Career Foster Home, the family is to be referred to the out-of-home care program, a voluntary case is to be opened, and services are to be offered in order to work towards reintegration into the adoptive or kinship home. Case opening and the use of the Family Support Team are to be used as described in Section 4, 30.6.2.C.5 above.

The CS-9 is to serve as the referral form for placement in Career Foster Care. Supporting documentation from appropriate professionals is also required. The parents are to complete the CS-9 and provide documentation, obtaining assistance from the worker as needed.

2. Career Foster Care placements may be authorized for only six months at a time. Upon the sixth month, the need for placement and level of care must be reviewed in a FST meeting. The review team should consist of the family, child, worker, supervisor, Career Foster Parents and any other

persons involved in the treatment of the child. These reviews are to be submitted to Area Office with the request to continue funding for Career Foster Care.

3. Update SS-61 for new placement by entering the ZCC3 screen by leaving the adoptive parents DVN and placement type but entering the sub placement code of "S" in field 47a, and changing the maintenance code to "3" no maintenance. Upon hitting the "enter" button, a new screen appears where the worker is to enter the placement information regarding the Career Foster Home.

NOTE: Custody must not be transferred from the adoptive parent(s) or legal guardian(s) to the Division or the treatment provider when securing these services for the child.

It is not necessary for custody to be transferred to the Division to receive career foster care or residential treatment services.

NOTE: With regard to agency liability of an adopted child voluntarily placed in a Career Foster home, any legally recognized parent (biological or adopted) is liable for the actions of his/her child as long as that parent has not been relieved of legal custody. If the Division does not have legal custody of a child, we are not liable for the child. The Career Home may be liable for the actions of the child, at least in the negligent supervision area.

4. Payment must be made to the Career Foster Home via a CS-65 each month. When changing the attachment, the Career Foster Care maintenance should use the service code, "MAIN". If you continue to pay the adoptive family maintenance, this must also use the service code, "MAIN." Note the reasoning for the two "MAIN" service codes in the comment section of the attachment.

The subsidy worker shall meet with the adoptive family to discuss the child's needs while in Career Foster Care and explore the possibility of reducing the maintenance payment while the child is in treatment (i.e. toiletries, clothing, and travel for visitation and therapy.) Update the CS-SA-2 ATT/CS-LG-2 ATT regarding the new maintenance.

NOTE: According to federal policy (ACYF-CB-PA-01-01) the agency cannot lower an adoptive family's amount of maintenance without the family's concurrence. If the family does agree to lower their maintenance, this is to be documented in the comment section on the attachment. The worker should always discuss with the family their contribution toward helping cover the cost of the child's care.

E. Respite

1. Adoptive or kinship families may receive respite as a special service on a case by case basis through subsidy when a documented need exists. Documentation for this need requires a letter requesting this service by the adoptive or kinship family, stating the child's need for respite. A letter supporting this need must also be completed by the worker and be submitted with the subsidy request. All receipts submitted for reimbursement must be submitted within 6 months of the service being provided.
2. Respite units may be approved according to the child's level of maintenance. One unit is a time period of between 12 – 24 hours. The following rates apply:
 - a. Base Maintenance = 12 units at \$20.00 per unit.
 - b. Above Base Maintenance = 19 units at approximately \$21.00 per unit. (the daily rate of maintenance they receive)
 - c. Career Maintenance - 24 units at \$40.00 per unit. There are no two-week vacations approved through subsidy as are available to Career Foster Parents.
3. Respite may be approved for up to two years at a time.

F. Integrative Expenses

Only under extreme circumstances will an integrative expense be considered under subsidy. Extreme circumstances include situations where the adoptive parent's home or vehicle may need to be adapted to meet the Americans with Disabilities Act (ADA) requirements in order to meet the needs of the child with a disabling condition. The adoptive parent is expected to seek other community resources in obtaining the needed service prior to the subsidy request and provide documentation regarding their findings. Subsidy may **assist** in the cost of the service.

NOTE: Examples of expenses which cannot be approved through subsidy include, but are not limited to: housing additions, vehicles, initial clothing allowance, clothing allowance after adoption is finalized, integrative expenses such as furniture and linens, special education services, sports/dance/music/art lessons, tutoring, private school tuition, diapers, day to day transportation, daycare above the locally contracted rate, mentoring, computers, home schooling materials, extracurricular activities, club memberships, summer camp/day camps, school expenses, telephone calls to relatives/incarcerated parents, attachment therapy centers not covered by Medicaid, insurance premiums or deductibles in states that have Interstate Compact Adoption Medical Assistance.

Providers will be reimbursed directly if they have a contract with the Division. Adoptive or kinship parent(s) will be paid for the service after an invoice or a "paid" receipt has been submitted. All receipts submitted for reimbursement must be submitted within 6 months of the service being provided.

G. Special Education Services Costs:

1. The responsibility of providing for special education costs remains with the local school districts. Staff should assist adoptive or kinship parent(s) and school officials in obtaining the assistance of the Missouri Department of Elementary and Secondary Education (DESE) in meeting the cost of a child's special education needs.
2. Special education services must be met by the local school district except for:
 - a) Tutorial plans which are intended to support a child's special education plan (must be met by the parent or community resources); or,

Payment for special education services for a child in residential placement is authorized as follows:

- The Adoption or Legal Guardianship Subsidy Agreement provides for payment of residential treatment services;
- The residential placement is outside the domicile school district of the adoptive or kinship parent(s);

- The child requires special education services;
- There are no other resources available to meet the costs of these services.

H. Continuing Subsidy Beyond Child's 18th Birthday to age 21

1. The child's physical, dental or psychiatric condition must be of such a degree that child continues to require extraordinary specialized care (i.e. requiring total care). Documentation of the degree of the child's condition and the recommended treatment is required. Often, Medicaid may be all that is necessary to meet the child's needs. Maintenance does not automatically continue if it is not identified as a need.
 - a. The subsidy agreement may only be approved for one year at a time. The subsidy must be reviewed every year in the case of a child over the age of 18 that continues to receive subsidy in order to evaluate the continued need for subsidy.
 - b. Documentation of the need to extend the subsidy due to the child's physical, psychiatric or dental needs must accompany the agreement to Area Office for approval. Documentation should include a long-term plan for the child when subsidy is no longer available (i.e. Medicaid, Department of Mental Health services, Social Security Disability, etc.) Documentation must always be placed in the case file and be written into the case plan.
2. Agreements must be reviewed annually and must include appropriate documentation. Services on the agreement may only be approved for one year at a time.
3. The child who has not completed high school and graduated may have the subsidy continued through the month of graduation from high school. In these instances, the following actions must occur:
 - a) Approval must be obtained from the Area Office and the agreement must be signed by the Division Director within 30 days prior to the end of the month of the child's 18th birthday.
 - b) The authorized funding category must be adoption subsidy-HDN unless the child is IV-E eligible and will graduate before the child's 19th birthday.

TITLE: CHILD WELFARE MANUAL
SECTION 4: OUT-OF-HOME CARE
CHAPTER 30: SUBSIDIZING AN ADOPTION/LEGAL GUARDIANSHIP
ATTACHMENT A: SUBSIDY COVERAGE LIMITATIONS
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- c) The services within the attachment may only be approved for one year at a time, to be reviewed annually in order to determine whether or not the child continues to be enrolled in high school.

NOTE: For a child eligible for adoption subsidy-IV-E, the funding category reported on the SS-61 and CS-65A must be changed to adoption subsidy-HDN effective with the first day of the month following the month of the child's 18th birthday if the child will not graduate before his/her 19th birthday.

NOTE: All children served under a legal guardianship agreement are funded through state only adoption subsidy funds.

4. If the child is enrolled in a home school program, or is attending and enrolled in a General Equivalency Diploma (GED) program, subsidy may be continued until six months after the child's 18th birthday. Documentation from the GED or home school curriculum is required as a part of the extended subsidy request.

NOTE: Subsidy may not be continued for a child who is capable to work after graduation, or who has enrolled in college, nor does subsidy assist with college tuition or books.

MEMORANDUM HISTORY: CS03-33; CD04-17; CD04-79